U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9/60	2. Fiscal Year Covered From:		
•	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Gerald T Feldhaus	Name Building and Construction Trades Council		
	Labor Organization File Number 010-042		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite B		
Street 1300 Pine Bluff Drive	Street 2300 Hampton Avenue		
City St. Charles	City St. Louis		
State Missouri ZIP Code + 4 63304	State Missouri ZIP Code + 4 63139		
5. Position in labor organization. Executive Secretary-Treasurer			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City	Constitution of the property of the constitution of the constituti		
State ZIP Code + 4	The control of the co		
Sig	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompant undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	lying documents), has been examined by the signatory and is, to the best of the		
Signed Leave Jacobs	On 3/11/05 314-647-0628		
Form LM-30 (2003)	Date Telephone Number		

Name of Person Filing Gerald Feldhaus	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street	. Linploye		
City The second of the sec			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	99904400000000000000000000000000000000	
Name		ONDER THE PROPERTY OF THE PROP	
Trade Name, if any:		con-ter-manual	
P.O. Box, Bldg., Room No., if any		Account	
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.	**************************************	
State ZIP Code + 4		Participal Communication of the Communication of th	
		is in the second	
		indergo, or	
		V	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above)			
or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 11/09/04 - Advisory Board Meeting		
Name Paul McCloskey		And an about the second	
Trade Name, if any: Amalgamated Bank of Chicago		Administration is set in	
P.O. Box, Bldg., Room No., if any			
Street One West Monroe		Annual Processing Section 1	
City Chicago		And conjugacy of a second	
State Illinois ZIP Code + 4 60603-5301	en in	The state of the s	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$250	
		2 - Committee Committee (Committee Annual Committee Annual Committee Committ	